

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

Attorney Docket H1807

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below), or an original, first and joint inventor (if plural names are listed below), of the subject matter which is claimed and for which a patent is sought on the invention titled SEMICONDUCTOR COMPONENT AND METHOD OF MANUFACTURE, the specification of which is attached hereto unless the following box is checked:

☐ Application was filed on _____
as Application No. _____
and was amended on _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)		Priority Claimed
<u>None</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Day/Month/Year Filed)
_____	_____	_____
(Number)	(Country)	(Day/Month/Year Filed)
_____	_____	_____

I hereby claim the benefit under Title 35, United States Code, § 119 of any United States provisional application(s), listed below:

<u>None</u>	
(Application Number)	(Filing Date)
_____	_____
(Application Number)	(Filing Date)
_____	_____

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below:

H1807

None
(U.S. Parent Application Number or PCT Parent No.) (Filing Date) (Country)
(U.S. Parent Application Number or PCT Parent No.) (Filing Date) (Country)


I hereby appoint the attorney(s) and/or agent(s): John D. Titus, Reg. No. 39,047, Rennie W. Dover, Reg. No. 36,503, Elizabeth A. Apperley, Reg. No. 36,428, Bradley J. Botsch, Reg. No. 34,552, Michael Caywood, Reg. No. 37,797, Daniel R. Collopy, Reg. No. 33,667, Kent Cooper, Reg. No. 37,296, Paul S. Drake, Reg. No. 33,491, Keith Witek, Reg. No. 37,475, and Harry A. Wolin, Reg. No. 32,638 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all telephone calls to Mr. Rennie W. Dover at telephone no. (602) 322-4000.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

Address all correspondence to Rennie Dover, The Cavanagh Law Firm, 1850 N. Central Avenue, Ste. 2400, Phoenix, Arizona 85004.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE INVENTOR: FIRST MIDDLE LAST			INVENTOR'S SIGNATURE:	DATE: (SPELL OUT MONTH)
Richard M. Fastow				March 8, 2004
RESIDENCE:			CITIZENSHIP:	
10334B Alpine Drive, Cupertino, California 95014			United States	
POST OFFICE ADDRESS:				
Same as above				